

STANDARD CERTIFICATE OF DEATH

State File No. **22308**

FILED JUN 21 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1353	
1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) KIRKWOOD		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN MEHNVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hosp.				e. STREET ADDRESS (If rural, give location) 7328 So. LINDBERGH			
3. NAME OF DECEASED (Type or Print) a. (First) LISSIE		b. (Middle) E.		c. (Last) WALLER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 1st 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 8-1881	
9. AGE (in years last birthday) 75		10. UNDER 1 YEAR Days 2		11. UNDER 1 HRS. Hours 24		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) CLAY CITY, ILL		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME JAMES R. LEWIS		13b. MOTHER'S MAIDEN NAME LOUISA HUNT		14. NAME OF HUSBAND OR WIFE FRANK WALLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR FRANK WALLER 7328 So. LINDBERGH			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 332X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 31, 1956 , to June 1, 1956 , that I last saw the deceased alive on 6/1 , 1956, and that death occurred at 5:20 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank J. Catanzaro M.D.		23b. ADDRESS 206 N. Clay, Kirkwood, Mo		23c. DATE SIGNED 6/2/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		24b. DATE JUNE 4-1956		24c. NAME OF CEMETERY OR CREMATORY NEW PICKER CEM		24d. LOCATION (City, town, or county) (State) ST LOUIS, MO.	
DATE REC'D BY LOCAL REG. 6-3-56		REGISTRAR'S SIGNATURE Hubert R. Donkhuysen		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FEY FUNERAL HOME, MEHNVILLE, Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.